

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED
OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088
AUG 16 89

O. C. D.
ARTESIA OFFICE

WELL API NO. 30-015-22628
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-7116
7. Lease Name or Unit Agreement Name Empire ABO Unit "F"
8. Well No. 352
9. Pool name or Wildcat Empire ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3670.3 GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator ARCO OIL AND GAS COMPANY ✓
3. Address of Operator P. O. Box 1610, Midland, Texas 79702	4. Well Location Unit Letter <u>G</u> : <u>1330</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3670.3 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Recomplete same zone</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7-17-89 RUPU. POH w/CA. Set C1BP at 6180. Press test csg to 500#. Perf ABO f/6140-50. Acidized w/900 gals. Swabbed load.
7-19-89 Set C1BP at 6130. Press test to 500#. Perf ABO f/6096-6104. Acidized w/900 gals. Swabbed load. Well kicked off.
7-21-89 Killed well. Ran CA. 2 3/8 tbg & pkr to 6037.
7-22-89 RDPU.
7-23-89 In 48 hrs flwd 2 BO, 178 BW, 867 MCF, 36/64"CK, 120# FTP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ken W. Gosnell TITLE Engr. Tech. DATE 8-14-89
TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY _____ DATE AUG 17 1989

CONDITIONS OF APPROVAL, IF ANY: